

THE RELATIONSHIP BETWEEN MENTAL STATUS AND QUALITY OF LIFE AMONG THE ELDERLY

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ABSTRACT

Mental status is an psychological condition in terms of thinking, behavior, and adaptation to life pressures. Quality of life is a level of well-being in terms of physical, psychological, social, and environmental aspects. Older adults are vulnerable to mental disorders due to physical and social changes and the loss of a spouse, which can lead to a decline in quality of life. This study is important given the increasing number of elderly people and the high risk of mental health problems. The purpose of this study was to determine the relationship between mental status and quality of life among elderly people in the working area of the Mengwi I Badung Community Health Center. The study used a cross-sectional design with 215 respondents. The research instruments used were the SRQ and WHOQOL-BREF. The Spearman Rho test results showed a significant relationship between mental status and quality of life ($p = 0.001$; $r = -0.864$). The worse the mental status, the lower the quality of life of the elderly. The results of this study provide an important basis for efforts to improve psychosocial support and mental health for the elderly.

Keywords: Mental status; Quality of life; Elderly; Mengwi I Public Health Center

INTRODUCTION

The aging process is a natural phase experienced by every individual and is characterized by various physical, psychological, and social changes. These changes often cause various problems for the elderly, such as decreased bodily function, limited activity, and a reduced social role in society (Amalia et al., 2022). This condition can lead to psychological stress, loneliness, and even a loss of meaning in life. These problems are further complicated when older adults face the loss of a spouse or decreased social support, which can ultimately disrupt their mental health and reduce their quality of life (Titanic & Rumawas, 2025).

Mental health in older adults is a crucial aspect related not only to their emotional state but also to their ability to adapt to changes that occur in old age. Elderly individuals with emotional mental disorders, such as anxiety and depression, tend to experience difficulty interacting, lose self-confidence, and have a decreased zest for life (Bolton et al., 2025). These conditions not only impact psychological well-being but also reduce overall quality of life. According to the Indonesian Ministry of Health (2023), the number of elderly in Indonesia has increased to more than 10% of the total population,

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meaning that more and more elderly individuals are at risk of experiencing mental health problems if they do not receive adequate attention (Fitri Damayanti P. et al., 2024).

Quality of life is an important indicator of elderly well-being, encompassing physical, psychological, social, and environmental aspects (Kiling & Kiling-bunga, 2019). Elderly individuals with good mental health tend to have a high quality of life because they are able to adapt to change, remain socially active, and feel valued by their surroundings (Moise et al., 2024). Conversely, mental disorders can lead to decreased motivation, feelings of worthlessness, and an inability to engage in meaningful daily life. Several previous studies have shown a strong relationship between mental health and quality of life in the elderly, but the local social and cultural context, such as that found in the Mengwi I Badung Community Health Center (Puskesmas) area, has rarely been studied in depth.

Based on this phenomenon, this study is urgently needed because increasing life expectancy must be balanced with efforts to maintain a good quality of life in the elderly (Elsiandi et al., 2024). This research offers novelty in the form of a more specific understanding of the relationship between mental health and quality of life in the elderly context, within the Balinese community, which has strong family values but also faces the challenges of modernization and social change. The results are expected to serve as a basis for healthcare workers, families, and the community in designing more appropriate interventions to improve the mental health and quality of life of the elderly in the Mengwi I Badung Community Health Center area.

RESEARCH METHODS

This study used a quantitative approach with a cross-sectional design. The study population was all 215 elderly people living in the Mengwi I Badung Community Health Center (Puskesmas Mengwi I) area. The sampling technique used proportional random sampling. The research instruments consisted of two questionnaires: the Self-Reporting Questionnaire (SRQ) to measure mental status and the WHOQOL-BREF to measure quality of life. Data analysis was performed using univariate and bivariate Spearman's Rho tests due to the non-normal distribution of the data ($p < 0.05$).

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RESULT AND DISCUSSION

Respondent characteristics based on gender, age, occupation, education and income.

Table 1. Frequency Distribution of Characteristics of Elderly Respondents

Characteristics	Frequency (f)	Percentage (%)
Sex		
Male	105	48.8
Female	110	51.2
Kategori Umur		
60-74	4	0.2
75-90	211	98
Region		
Br. BS	8	3.7
Br. CC	15	7.0
Br. DaP	20	9.3
Br. DeP	2	0.9
Br. DG	4	1.9
Br. GS	8	3.7
Br. J	32	14.9
Br. KK	9	4.2
Br. LP	8	3.7
Br. MB	17	7.9
Br. P	4	5.1
Br. PD	11	2.8
Br. PJ	6	7.4
Br. PW	16	3.3
Br. PY	7	1.9
Br. SB	14	6.5
Br. SD	19	8.8
Br. TS	4	1.9
Br. WD	11	5.1
Occupation		
Laborer	16	7.4
Farmer	38	17.7
Trader/Entrepreneur	10	4.7
Doesn't work	151	70.2
Education		
No School	139	64.7
Elementary School	72	33.5
Middle School	2	0.9
High School	2	0.9
Income		
1.500.000	53	24.7
500.000	10	4.7
-	152	70.7

Table 1 shows that the majority of respondents were female (51.2%), aged 75–90 years (98%), unemployed (70.2%), and not in school (64.7%). The majority of respondents earned less than Rp 1,500,000 per month (70.7%).

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Table 2: Frequency Distribution of Respondents Based on Mental Status in the Elderly (n=215)

Variabel	N	Mean	Modus	Median	Standart	Min-Max	CI 95%
Mental State	215	5.47	7	6.00	1.836	0-9	5.22-5.72

Based on Table 2, the average mental status score for the elderly was 5.47. The most frequent mental status scores were 7. The highest score was 9, and the lowest score was 0. The average mental status was believed to be correct, ranging from 5.22 to 5.72, indicating that mental status requires attention.

Table 3: Frequency Distribution of Depression Status in the Elderly in the Mengwi I Badung Community Health Center Work Area

No	Category	Frequency (f)	Percentage (%)
1	Normal	101	47.1
2	Need Attention	98	45.6
3	Indications of Emotional Mental Disorders	16	7.4
Total		215	100

Based on Table 3, 98 respondents (45.6%) were in the mental status requiring attention category, while 16 respondents (7.4%) were in the mental status indicating emotional mental disorders category.

Table 4: Frequency Distribution of Quality of Life in the Elderly (n=215)

Variabel	N	Mean	Modus	Median	Standart Deviasi	Min-Max	CI 95%
Quality Of Life	215	69.92	84	62.00	15.336	46-99	67.85-71.98

Based on Table 4, the average Quality of Life score for the elderly was 69.92. The most frequently occurring score was 84, the highest score was 99, and the lowest score was 46. The average quality of life is believed to be in the range of 67.85-71.98, indicating moderate quality of life.

Table 5: Frequency Distribution of Quality of Life in the Elderly in the Mengwi I Badung Community Health Center Work Area

No	Categori	Frequency (f)	Percentage (%)
1	Low	25	11.6
2	Medium	88	41
3	High	102	47,6
Total		215	100

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Based on Table 5, it can be seen that the number of respondents in the low quality of life category was 25 (11.6%), and the number in the high quality of life category was 102 (47.6%).

Table 6: Relationship between Mental Status and Quality of Life in the Elderly in the Mengwi I Badung Community Health Center Work Area using the Spearman-rho test

	<i>Spearman Rho</i>	Mental Status	Quality of life
Mental Status	<i>Correlation Coefficient</i>	1.000	-0.864
	<i>Sig (2-tailed)</i>		0.001
	N	215	215
Quality of life	<i>Correlation Coefficient</i>	-0.864	1.000
	<i>Sig (2-tailed)</i>	0.001	
	N	215	215

Based on table 6, it shows that the results of the Spearman rho test indicate a significant relationship between mental status and the quality of life of the elderly ($p = 0.001$) with a correlation coefficient value of $r = -0.864$, which means that the higher the abnormal combination score, the lower the quality of life.

Gender

Based on the research results above, the majority of respondents were female, at 110 (51.2%), while 105 (48.8%) were male. This finding aligns with data from the Badung Regency Central Statistics Agency (2024), which showed that there were more female elderly than male elderly (51.72 percent compared to 48.24 percent). In this study, the reason why there were more female elderly than male elderly was because many male elderly were away from home due to work during the data collection process. Furthermore, male elderly participation was also lower at the research site.

Age

Based on the research results above, the majority of respondents were in the 75-90 age group, totaling 211 people (98%). The researcher can assume that the number of elderly people aged 75-90 is greater than that of those aged 60-74. This is because they are generally more active and productive, so not all of them could be reached for participation in this study.

Employment

Based on the research results above, the majority of respondents (151 people) were unemployed. This condition aligns with the characteristics of the region, which is generally a rural area with primary economic activity in the agricultural and small business sectors. Elderly people who are unemployed are primarily due to advanced age, declining physical abilities, and the majority choosing to rest and rely on family support. Of the elderly who are still working, 38 (17.7%) are farmers, 16 (7.4%) are laborers, and 10 (4.7%) are entrepreneurs or traders. The geographical location of the

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study area is dominated by agricultural land and rural areas, resulting in the majority of elderly people working as farmers.

Education

The research results above indicate that the majority of respondents had no education, 139 (64.7%). The remaining 72 (33.5%) had an elementary school education, while only 2 (0.9%) had a junior high school or senior high school education. These findings indicate that the majority of elderly respondents in the study had a low level of education. This could be due to limited access to education during their youth, particularly as most of them grew up during a period when schooling opportunities were limited, particularly in the study area.

Income

Based on the research results above, it was found that the majority of respondents (50 people) had an income of Rp 1,500,000 or more, while only 9 (4.2%) had an income of Rp 500,000 or more. This finding indicates that most respondents had relatively low incomes. This is consistent with the results of previous employment, where the majority of elderly people worked as farmers (17.7%) and were unemployed (70.2%).

Mental Status

The results of this study indicate that the majority of elderly people (47.1%) had a normal mental status, 45.6% needed attention, and 7.4% experienced emotional mental disorders. The mean mental status score was 5.47 with a standard deviation of 1.836, indicating that most elderly people still have good adaptation skills to the changes that occur in old age. However, some elderly people still experience emotional mental disorders due to psychological stress, loneliness, and social and economic changes (Elsiandi et al., 2024).

The mental health of the elderly in this study was influenced by various factors, such as education level, income, family support, and the loss of a spouse (Titanic & Rumawas, 2025). Elderly people with low education and limited income tended to experience higher levels of stress due to limited access to social activities and economic resources. The loss of a spouse also played a significant role in reducing the emotional stability of elderly people, due to reduced social support and feelings of deep loneliness (Retno Yuli H. et al, 2019).

Overall, the results of this study indicate that good mental health contributes to improving the quality of life of elderly people (Zenebe et al., 2021). Older adults who maintain emotional stability, receive adequate social support, and are active in social activities tend to live more meaningful and prosperous lives. Therefore, efforts to improve mental health in older adults need to be a primary focus in public health services, particularly through family support and positive social activities.

Quality Of Life

The results of the study showed that the average quality of life score for the elderly was 69.92. Based on the categories, 47.6% of the elderly had a high quality of life, 41% had a moderate quality of life, and 11.6% had a low quality of life. This indicates that the majority of the elderly in the

Mengwi I Badung Community Health Center's work area have a fairly good quality of life, although some still experience a decline in well-being. This difference in quality of life indicates variations in the elderly's ability to adapt to the physical, social, and psychological changes that occur in old age.

The quality of life of the elderly in this study was influenced by several factors, including mental health, education level, employment, income, and family support(Pollansky et al., 2020). Elderly with good mental health, higher education, and active lifestyles tended to have a higher quality of life. Conversely, unemployed and low-income elderly were more vulnerable to a decline in quality of life due to limitations in meeting basic needs and reduced social participation(Andikawati Fitrisari, Khamida, Iskandar, 2025). Family support was also an important factor, as elderly who received good emotional and social care tended to experience greater levels of satisfaction and happiness(Alfi Kurnia Adha, Sri Yona, 2024).

These results align with previous theory and research, which states that quality of life reflects a person's physical, mental, social, and spiritual well-being. The significant relationship between mental status and quality of life ($p=0.001$; $r=-0.864$) confirms that mental and emotional disorders negatively impact the perception of well-being in older adults. Therefore, improving the quality of life in older adults requires a comprehensive approach that encompasses physical health enhancement, psychosocial support, and social activities that can maintain the spirit and independence of older adults in their later years(Joko Susanto, 2021).

Relationship Between Mental Status And Quality Of Life

The results of this study indicate a significant relationship between mental status and quality of life in the elderly, with a p-value of 0.001 and a correlation coefficient of $r = -0.864$. This strong negative correlation indicates that the worse the mental status of the elderly, the lower their perceived quality of life. Elderly individuals with mental and emotional disorders tend to have poor adaptation to physical and social changes, feel helpless, and are less able to enjoy daily life(Gondodiputro et al., 1995).

This indicates that mental health is a significant factor influencing the quality of life of the elderly. Elderly individuals with good mental health are more likely to interact with their environment, have a positive outlook on life, and are better able to face the challenges of old age(Mohamad Faisal N. et al, 2023). Conversely, elderly individuals with mental disorders such as anxiety, stress, or depression experience decreased enthusiasm, loss of motivation, and decreased life satisfaction. Other factors such as family support, economic conditions, and the loss of a spouse also play a role in worsening or improving the mental health of the elderly(Suci Hardianti, Wirdan Fauzi, 2025).

These results align with previous research confirming that psychological aspects have a significant influence on perceived quality of life. Therefore, ongoing mental health interventions are needed, both through early detection of emotional disorders and providing social support from family and healthcare professionals. These efforts are expected to help older adults maintain mental stability, increase self-confidence, and improve their overall quality of life in old age(Astuti et al., 2022).

CONCLUSIONS AND SUGGESTIONS

The results showed that the majority of respondents were female (51.2%), aged 75–90 years (98%), unemployed (70.2%), had no education (64.7%), and did not have a fixed income (70.7%). A total of 7.4% of elderly people experienced indications of mental and emotional status disorders, and 11.6% had a low quality of life. The Spearman's Rho test showed a significant relationship between mental status and quality of life in the elderly ($p = 0.001$; $r = -0.864$), with a strong negative correlation, meaning that the worse the elderly's mental status, the lower their perceived quality of life. Based on these results, elderly people are advised to remain socially active and maintain a positive mindset to maintain optimal mental health and quality of life. Families are expected to provide emotional support, involve elderly people in daily activities, and create a comfortable and loving environment. Future researchers are advised to adapt the use of the SRQ questionnaire to the conditions and characteristics of the study area to obtain more accurate results.

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